

SCC eFile
(6/10)

**2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

211531795

1.) CORPORATION NAME:

BEAZER EAST, INC.

DUE DATE: **11/30/2011**

SCC ID NO: **F0067761**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000
PREFER	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O LEHIGH HANSON INC.
300 E. JOHN CARPENTER FREEWAY

CITY/ST/ZIP: IRVING, TX 75062-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: ROBERT S MARKWELL
TITLE: PRESIDENT
ADDRESS: ONE OXFORD CENTER STE 3000
CITY/ST/ZIP/CO: PITTSBURGH, PA 15219-

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OFFICER

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DIRECTOR

NAME: KATHRYN M. MEHTA
TITLE: VICE PRESIDENT
ADDRESS: ONE OXFORD CENTRE
STE 3000
CITY/ST/ZIP/CO: PITTSBURGH, PA 15219-

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OFFICER

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DIRECTOR

NAME: CHARLES E. MCCHESENEY II
TITLE: SECRETARY
ADDRESS: ONE OXFORD CENTRE
SUITE 3000
CITY/ST/ZIP/CO: PITTSBURGH, PA 15219-

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OFFICER

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DIRECTOR

NAME: JOHN M HUTCHINSON
TITLE: ASST SECRETARY
ADDRESS: PO BOX 660225
CITY/ST/ZIP/CO: DALLAS, TX 75266-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHRYN M. MEHTA TREASURER ONE OXFORD CENTRE SUITE 3000 PITTSBURGH, PA 15219-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES E. MCCHESENEY II VICE PRESIDENT ONE OXFORD CENTRE SUITE 3000 PITTSBURGH, PA 15219-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNA L. KOPACH ASST SECRETARY ONE OXFORD CENTRE SUITE 3000 PITTSBURGH, PA 15219-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL H. HYER PRESIDENT 300 E. JOHN CARPENTER FREEWAY IRVING, TX 75062-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT D. VANBENSCHOTEN ASST SECRETARY 300 E. JOHN CARPENTER FREEWAY IRVING, TX 75062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES L. WALLMAN ASST SECRETARY 300 E. JOHN CARPENTER FREEWAY IRVING, TX 75062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY D. WRIGHT ASST SECRETARY 300 E. JOHN CARPENTER FREEWAY IRVING, TX 75062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMY YI ASST SECRETARY 300 E. JOHN CARPENTER FREEWAY IRVING, TX 75062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOHN M HUTCHINSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		JOHN M HUTCHINSON, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	
		1/23/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			